Claims 1-4 and 21-24 remain rejected under 35 U.S.C. 102(e) as being anticipated by Armstrong et al (US 6,099,469), and the Action states that the amended claims 1 and 21 still do not exclude any input from an outside source, nor do they indicate that they cannot be run repeatedly. The Action continues- The claims state that the tests are run on a sub-group showing abnormality, thereby not allowing UNNECESSARY clinical tests to be carried out in duplicate or to be ordered by an outside operator. However, this does not imply that the tests still cannot be run or that an operator is not utilized when a NECESSARY test is indicated. The rejection is maintained.

In response Applicant respectfully disagrees. The claim as amended did indeed show what the Examiner, the new Examiner claims it does not. In fact, the claim language previously presented was formulated with the help of Examiner Mary Zeman by telephone. Applicant is at a total loss of what words in the English language he must use to convey the meaning the new Examiner is seeking. Applicant has tried once more to amend claims 1 and 21 . If unacceptable, applicant requests that Examiner Clow kindly provide the language she will be satisfied with.

Claims 1-4 and 21-24 were rejected under 35 U.S.C. 102(e) as being anticipated by Carlson et al. (U.S. 6,140,065) for the same reason as above.

In response, Applicant submits the same argument as above for Armstrong.

Claims 1-4, 18 and 21-24 were rejected under 35 U.S.C. 102(b) as

being anticipated by Adlassnig et al. (1995), for disclosing the HEPAXPERT-I computer algorithm which is alleged to meet the limitations of the generic apparatus claims, as memory, a processor and software.

In response, Applicant submits that the amended claims 1 and 21 now include distinguishing elements over Adlassnig et al.

Also, claims 1-4, 18 and 21-24 were rejected under 35 U.S.C. 102(a) as being anticipated by Pearlman et al. (1998) for disclosing Figure 2 a diagnostic algorithm for the diagnosis of HBV.

The Action stated that Pearlman et al. has a differing inventive entity than the instant invention, and has an earlier publication date than the filing date of the instant invention.

In response, Applicant submits that amended claims 1-4, 18 and 21, 23 and 24 are not anticipated by Pearlman et al. In fact, Pearlman et al. does not in any way disclose that the algorithm for HBV is not subject to an outsider's control. Therefore, based on the amendments submitted herein, all pending claims under consideration should be allowed.

In any event, E. Pearlman in Pearlman et al. and the sole inventor in this application are one and the same inventive entity. Moreover, Pearlman et al. was published in July/August 1998, and the filing date of this application is within less than one year from this publication, i.e., April 30, 1999. And, nowhere in this reference is there any description of an algorithm that does not allow an outside operator to run unnecessary tests.

Therefore, there is no basis for any of the rejections made in the Action and pending claims 1-4 and 21, 23 and 24 should be allowed. In addition, upon allowance of these generic claims, Applicant requests that claims 5-11, 13-17, 19 and 20 be reinstated as being drawn to non-elected species, which was the condition of the Restriction Requirement.

If for any reason, however, the Examiner should deem that this application is not in condition for allowance, the Examiner is respectfully requested to telephone the undersigned attorney.

Respectfully submitted,

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PLEASE NOTE NEW ADDRESS

Date: November 22 , 2002

Marked CLAIM AMENDMENTS UNDER 37 C.F.R. 1.121

1. A method of pipelining a disease-specific diagnostic algorithm to achieve a cost-effective and accurate diagnosis using only necessary tests, said method comprising the steps of:

a) classifying the various subgroups of the disease, said subgroups being classified based on pathology, pathogenic agent, cause or symptoms, on an n-bit data word stored in a memory;

b) defining the clinical tests suitable for confirming the diagnosis of each of the subgroups classified in a);

c) selecting to run only the clinical tests listed in b) for the sub-group showing an abnormality thereby [not allowing] excluding unnecessary clinical tests to be carried out in duplicate or [to be ordered by] not allowing an outside operator to run unnecessary tests, and comparing the result obtained with the normal value provided on the n-bit data word;

d) sequentially running the relevant clinical test of each of the sub-groups upon receiving a first of said clinical test values, and computing the next set of said clinical test for further testing, and

e) repeating steps c) and d) until a complete diagnosis of the specific disease type and group is provided, thereby avoiding unnecessary clinical tests and expensive duplicative procedures, while enabling an

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